DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ELIZABETH RESIDENCE SOUTH (0010429)

Address: 9355 S 48TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History						
Survey ID: 0096860	End Date: 05/05/2006	Type: OTHER	Purpose: DESK REVIEW			
Results: NO STATEME	NT OF DEFICIENCY ISS	SUED				
Survey ID: 0096365	End Date: 01/30/2006	Type: STANDARD	Purpose: COMPLAINT			
Results: STATEMENT	OF DEFICIENCY ISSUE	D				
Statement of Deficiency:	#10008892 Served 02	/17/2006				
	Deficiencies Cited 83.07(2)(b)	Subject Area CHANGE		<u>Compliance</u> <u>Verified</u>	Corrected	
Survey ID: 0092583	End Date: 05/05/2004	Type: STANDARD	Purpose: SURVEY			
Results: STATEMENT	OF DEFICIENCY ISSUE	D				
Statement of Deficiency:	#10008699 Served 05/	/21/2004		Compliance		
	Deficiencies Cited	Subject Area		Verified	Corrected	
	83.42(3)(e)	QUARTERLY FIRE DRI	LLS	01/30/2006	Yes	
	83.42(9)	EXTINGUISHER MOUN	ITING	01/30/2006	Yes	
	83.53(3)(b)	SWING DOORS ONE HA	AND AND ONE MOTION	01/30/2006	Yes	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006 **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0091619 End Date: 12/01/2003 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 10/07/2005 Date Investigation Completed: 01/30/2006

Subject Area(s)ResultSOD #LICENSED CAPACITY /CLASS OF LICENSESUBSTANTIATED10008892

SUPERVISION NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.